STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968426	10/13/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
La Colonia Ii Alf Inc	637-639 Se 12th Ct Cape Coral, FL 33990	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D

Specific Tag Findings:
These are the results of a Biennial with Limited Nursing Services (LNS) survey conducted on at La Colonia II, an Assisted Living Facility (ALF) located in Cape Coral, Florida.

The following deficiencies were identified at the time of the survey:

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and interview, facility failed to obtain a complete health assessment (AHCA Form 1823) for 2 (Residents #1 and #5) of 3 resident records reviewed. The facility failed to include diet requirements, whether the individual will require any assistance medications and what type of assistance needed, if the individual needs can be met in an Assisted Living Facility (ALF), medications at time of admission, as well as the date of examination, name, signature, address, telephone number, and license number of the examining provider.

The findings include:

1. Review of the AHCA 1823 Form for Resident #1 revealed no date of examination. It also did not include the name, signature, address, telepho. e number, and license number of the examining health care provider.

During an interview with the Administrator on at 3:00 p.m. she said that Resident #1 was admitted from the hospital and the doctor that signed the form was not her regular doctor.

2. Review of the AHCA 1823 Form for Resident #5 found it to be missing diet requirements, a list of medications at the time of admission, and whether the resident requires any assistance and what type of assistance will be needed. Also missing was a statement determining whether the individual's needs can be met in an ALF.

3. During an interview with the Administrator on at 2:30 pm., she confirmed that the 1823 Forms found in the residents' charts were the most current and only forms available for the residents. She acknowledged the absence of information.

Class III

0077-Staffing Standards - Administrators 58A-5.019(1) FAC
Based on record review and interview the facility's manager (Staff B) failed have documentation that the manager passed the CORE competency exam.

The findings include:

Record review revealed that the facility's Administrator supervises a total of 2 Assisted Living Facilities (ALF) and appointed Staff B as the facility manager.

Record review for Staff B revealed that he was hired as a manager in the facility on Further review

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revealed that Staff B completed the 26 hours CORE training on but did not pass the CORE exam.

The Manager stated during interview conducted on at 11:10 a.m., that he took the test on but did not know the results yet.

The Administrator acknowledged on at 4:00 p.m., that the facility's manager (Staff B) did not pass the CORE competency test.

Class III

0160-Records - Facility 58A-5.024(1) FAC
Based on record review and interview the facility failed to obtain proof of emergency management plan approved by the local county on an annual basis.

The findings include:

Record review revealed that facility submitted its emergency management plan to the local county on The emergency plan was not yet approved. The previous plan on file was approved on

The Administrator stated during an interview conducted on at 2:07 p.m. that the approval is still pending due to issues related to the fire inspection. She stated that she expects the issue to be resolved in a week.

Record review revealed that the facility's most recent fire inspection was dated The Administrator said during an interview conducted on at 2:11 p.m. that the facility is in process of increasing its license capacity from 6 to 10 residents. Part of the license increase process includes a satisfactory fire inspection. When the fire department conducted their inspection about a month ago he told the Administrator that they have to install a sprinkler system before the final approval. The Administrator said that the sprinkler system will be install next week and as soon as the sprinkler system is install the fire department will approve the facility's fire inspection. Subsequently, the emergency management plan will be approved.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
La Colonia Ii Alf Inc
637-639 Se 12th Ct
Cape Coral, FL 33990

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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